Accreditation Decision

**Decision to re-accredit service following a site audit**

**Service and approved provider details**

|  |  |
| --- | --- |
| **Name of service:** | Marebello |
| **RACS ID:** | 5348 |
| **Name of approved provider:** | Queensland Rehabilitation Services Pty Ltd |
| **Address details:**  | 537 Cleveland Redland Bay Road VICTORIA POINT QLD 4165 |
| **Date of site audit:** | 17 September 2019 to 19 September 2019 |

**Summary of decision**

|  |  |
| --- | --- |
| **Decision made on:** | 22 October 2019 |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. |
| **Decision:** | To re-accredit the service under section 41 of the Rules. |
| **Further period of accreditation:** | 22 November 2019 to 22 November 2022 |
| **Assessment of performance with the Aged Care Quality Standards** |
| Standard 1 Consumer dignity and choice | Met  |
| Requirement 1(3)(a) | Met |
| Requirement 1(3)(b) | Met |
| Requirement 1(3)(c) | Met |
| Requirement 1(3)(d) | Met |
| Requirement 1(3)(e) | Met |
| Requirement 1(3)(f) | Met |
| Standard 2 Ongoing assessment and planning with consumers | Not Met |
| Requirement 2(3)(a) | Met |
| Requirement 2(3)(b) | Met |
| Requirement 2(3)(c) | Met |
| Requirement 2(3)(d) | Met |
| Requirement 2(3)(e) | Not Met |
| Standard 3 Personal care and clinical care | Not Met |
| Requirement 3(3)(a) | Met |
| Requirement 3(3)(b) | Not Met |
| Requirement 3(3)(c) | Met |
| Requirement 3(3)(d) | Met |
| Requirement 3(3)(e) | Met |
| Requirement 3(3)(f) | Met |
| Requirement 3(3)(g) | Met |
| Standard 4 Services and supports for daily living | Met |
| Requirement 4(3)(a) | Met |
| Requirement 4(3)(b) | Met |
| Requirement 4(3)(c) | Met |
| Requirement 4(3)(d) | Met |
| Requirement 4(3)(e) | Met |
| Requirement 4(3)(f) | Met |
| Requirement 4(3)(g) | Met |
| Standard 5 Organisation’s service environment | Met |
| Requirement 5(3)(a) | Met |
| Requirement 5(3)(b) | Met |
| Requirement 5(3)(c) | Met |
| Standard 6 Feedback and complaints | Not Met |
| Requirement 6(3)(a) | Met |
| Requirement 6(3)(b) | Met |
| Requirement 6(3)(c) | Not Met |
| Requirement 6(3)(d) | Met |
| Standard 7 Human resources | Met |
| Requirement 7(3)(a) | Met |
| Requirement 7(3)(b) | Met |
| Requirement 7(3)(c) | Met |
| Requirement 7(3)(d) | Met |
| Requirement 7(3)(e) | Met |
| Standard 8 Organisational governance | Met |
| Requirement 8(3)(a) | Met |
| Requirement 8(3)(b) | Met |
| Requirement 8(3)(c) | Met |
| Requirement 8(3)(d) | Met |
| Requirement 8(3)(e) | Met |
| **Timetable for making improvements:** | By 06 January 2020  |
| **Revised plan for continuous improvement due:** | By 06 November 2019  |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 48 of the Rules.**

Site Audit Performance
Assessment Report

The Commission makes the decision taking into account this Site Audit report, any response by the provider, and any other relevant information.

The met/not met recommendations made by the Assessment Team in this Site Audit report may differ from the findings in the decision.

## Introduction

**This is the report of an assessment of Marebello (the Service) conducted from 17 September 2019 to 19 September 2019.**

**This assessment was conducted for the purposes of assessing the provider’s performance in relation to the Service against the Aged Care Quality Standards (the Quality Standards) in accordance with the Aged Care Quality and Safety Commission Rules 2018.**

This report contains detailed findings about the performance assessment of the Service against each Quality Standard and the requirements within each Quality Standard. The Quality Standard and assessed requirements are rated as either Met or Not Met.

A Met rating for the Quality Standard means that all requirements of that Quality Standard have been assessed and rated as Met

A Not Met rating for the Quality Standard means that one or more requirements of that Quality Standard has been assessed and one or more of those requirements have been rated as Not Met.

There will be no rating of the Quality Standard if only some of the requirements have been assessed and those requirements have been rated as Met.

This Report is to be read in conjunction with the Quality Standards.

## Assessment Details

The assessment was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers | 22 |
| Representatives | 8 |
| Care coordinator | 1 |
| Care staff | 9 |
| Clinical manager | 1 |
| Facility Manager | 1 |
| Hospitality staff | 3 |
| Lifestyle coordinator | 1 |
| Maintenance staff | 2 |
| Physiotherapist | 1 |
| Registered staff | 11 |

## Detailed findings

This section covers information about the assessment of the provider’s performance, in relation to the service, against each of the requirements of the Quality Standards that were assessed.

### Standard 1: Consumer dignity and choice Met

#### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

#### Organisation statement:

2. The organisation:

(a) has a culture of inclusion and respect for consumers; and

(b) supports consumers to exercise choice and independence; and

(c) respects consumers’ privacy.

#### Summary of Assessment of Standard 1:

The Assessment Team found that the service met all requirements under this Standard.

Consumer experience interviews show;

* All consumers and representatives said consumers are treated with respect most of the time or always.
* All consumers and representatives said staff explain things to consumers in the service most of the time or always.

The service demonstrated that consumers are treated with dignity and respect, and that the service actively promotes a culture of inclusion. Staff were observed to interact with consumers respectfully and could identify consumer’s individual preferences and interests. Consumers described the ways their social connections are supported both inside and outside the service. The service promotes the value of culture and diversity in the wide range of activities it offers consumers and in the delivery of personalised care.

Staff could provide meaningful examples of how they help consumers make choices, including by giving consumers accurate information and options to inform their choice.

Consumers report that the service protects the privacy and confidentiality of their information, and that they are satisfied that care and services, including personal care, is undertaken in a way that respects their privacy. Staff gave examples of how they maintain the privacy of consumers while providing care. The service also demonstrated how electronic and paper documentation is protected to preserve confidentiality of consumer information, consistent with policies and procedures.

#### Requirements:

##### Standard 1 Requirement 3(a) Met

The organisation demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

##### Standard 1 Requirement 3(b) Met

The organisation demonstrates that care and services are culturally safe.

##### Standard 1 Requirement 3(c) Met

The organisation demonstrates that each consumer is supported to exercise choice and independence, including to:

(i) make decisions about their own care and the way care and services are delivered; and

(ii) make decisions about when family, friends, carers or others should be involved in their care; and

(iii) communicate their decisions; and

(iv) make connections with others and maintain relationships of choice, including intimate relationships.

##### Standard 1 Requirement 3(d) Met

The organisation demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

##### Standard 1 Requirement 3(e) Met

The organisation demonstrates that information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.

##### Standard 1 Requirement 3(f) Met

The organisation demonstrates that each consumer’s privacy is respected and personal information is kept confidential.

### Standard 2: Ongoing assessment and planning with consumers Not Met

#### Consumer outcome:

1. I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

#### Organisation statement:

2. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

#### Summary of Assessment of Standard 2:

The Assessment Team found that two of five requirements in relation to Standard 2 were met.

Consumer experience interviews show that:

* All consumers and representatives said consumers are encouraged to do as much as possible for themselves always or most of the time
* All consumers and representatives said consumers receive the care they need most of time or always.

Consumers and representatives said they are engaged in initial and ongoing assessment and planning to help consumers receive the care and services they need. Consumers reported they are encouraged to provide information regarding end of life wishes. The service consults with specialists and allied health professionals to ensure consumers receive the care and services to suit their needs.

The service did not demonstrate that assessment, consideration of risk and care planning consistently align with care delivery. Plans of care were not consistently informed by assessments; risk management strategies are not consistent with assessed need. This was evidenced by lack of consistency with staff practice in assessment, care planning and implementation of risk management strategies.

Staff were able to provide examples of consultation that occurs between the consumers, their representatives, medical officers and other health professionals to contribute to personalised care and services. However, review of consumer files did not demonstrate that care evaluations identify changes in circumstance and care need. This was evidenced by changes in consumers’ behaviour and occurrence of incidents that did to lead to review of management strategies and planned care.

The service’s plan for continuous improvement and other records indicates management monitors the service’s performance in this standard. However, recent initiatives have not identified/addressed the issues identified by the Assessment Team.

#### Requirements:

##### Standard 2 Requirement 3(a) Not Met

The organisation demonstrates that assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.

##### Standard 2 Requirement 3(b) Not Met

The organisation demonstrates that assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.

##### Standard 2 Requirement 3(c) Met

The organisation demonstrates that assessment and planning:

(i) is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and

(ii) includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.

##### Standard 2 Requirement 3(d) Met

The organisation demonstrates that the outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.

##### Standard 2 Requirement 3(e) Not Met

The organisation demonstrates that care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

### Standard 3: Personal care and clinical care Not Met

#### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

#### Organisation statement:

2. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being

#### Summary of Assessment of Standard 3:

#### Requirements:

The Assessment Team found that four of seven requirements in relation to Standard 3 were met.

Consumer experience interviews show that:

* All consumers and representatives said consumers receive the care they need most of time or always.
* A high proportion (93%) of consumers and representatives said consumers feel safe at the home.

The service did not demonstrate that each consumer gets safe and effective personal and clinical care. A sample of consumers’ files and medication charts did not demonstrate they are provided with care that is best practice, tailored to their needs or optimal to their health. Staff did not demonstrate they understand the risks associated with the care of consumers in the service and monitoring processes had not identified inconsistencies in risk management.

Staff could describe how they ensure that information is shared both within the organisation and with others outside the organisation. Care staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics.

Care plans and documentation reviewed indicated the care of consumers who were palliating was reflective of their needs and preferences for end of life and inclusive of consultation with consumers, their representatives and health professionals.

However, the Assessment Team were not satisfied that a deterioration or change in consumer’s condition or capacity is recognised and responded to appropriately. Consumer files did not demonstrate their needs are always reviewed following a change in condition. Monitoring processes had not identified inconsistencies in follow up and review.

The service demonstrated they have a suite of policies and procedures underpinning the delivery of care and how they review practice and policies to ensure they remain fit-for-purpose, informed by advice from consumers and other experts.

The service’s plan for continuous improvement and other records indicates management monitors the service’s performance in this standard. However, recent initiatives have not identified/addressed the issues identified by the Assessment team.

#### Requirements:

##### Standard 3 Requirement 3(a) Not Met

The organisation demonstrates that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:

(i) is best practice and

(ii) is tailored to their needs and

(iii) optimises their health and well-being.

##### Standard 3 Requirement 3(b) Not Met

The organisation demonstrates that effective management of high impact or high prevalence risks associated with the care of each consumer.

##### Standard 3 Requirement 3(c) Met

The organisation demonstrates that the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

##### Standard 3 Requirement 3(d) Not Met

The organisation demonstrates that deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.

##### Standard 3 Requirement 3(e) Met

The organisation demonstrates that information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.

##### Standard 3 Requirement 3(f) Met

The organisation demonstrates that timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### Standard 3 Requirement 3(g) Met

The organisation demonstrates that minimisation of infection related risks through implementing:

(i) standard and transmission based precautions to prevent and control infection; and

(ii) practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

### Standard 4: Services and supports for daily living Met

#### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

#### Organisation statement:

2. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

#### Summary of Assessment of Standard 4:

The Assessment Team found that the service met all requirements under this Standard.

Consumer experience interviews show that

* All consumers and representatives said consumers are encouraged to do as much as possible for themselves always or most of the time.
* All consumers and representatives said consumers have a say in their daily activities.
* A high proportion (94%) of consumers and representatives said consumers like the food always or most of the time. One consumer said they like the food some of the time explaining they did not like the way the vegetables were cooked.

The service could demonstrate how information regarding consumers’ condition, needs and preferences is communicated in a timely and appropriate way. Staff could give meaningful examples of how information about consumers is collected and shared and demonstrated their knowledge of consumers’ individual needs and preferences in relation to activities, pastimes, food and independence.

Consumers said their leisure interest, emotional, spiritual and psychological needs are met and staff could demonstrate ways this is done in a supportive manner. Staff demonstrated how consumers are supported to do things of interest to them including one to one and group activities and pastimes and outings to places of interest.

The service demonstrated how meals are provided to meet individual consumer’s needs and preferences and to ensure suitable variety, quality and quantity are provided.

The service demonstrated consumers and staff are supported by equipment which is safe, suitable, clean and well maintained through staff at the service and external contractors.

Management could demonstrate the services and support for daily living provided at the service are monitored and reviewed, and improvements are made where needed.

#### Requirements:

##### Standard 4 Requirement 3(a) Met

The organisation demonstrates that each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.

##### Standard 4 Requirement 3(b) Met

The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

##### Standard 4 Requirement 3(c) Met

The organisation demonstrates that services and supports for daily living assist each consumer to:

(i) participate in their community within and outside the organisation’s service environment; and

(ii) have social and personal relationships; and

(iii) do the things of interest to them.

##### Standard 4 Requirement 3(d) Met

The organisation demonstrates that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

##### Standard 4 Requirement 3(e) Met

The organisation demonstrates that timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### Standard 4 Requirement 3(f) Met

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

##### Standard 4 Requirement 3(g) Met

The organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained.

### Standard 5: Organisation’s service environment Met

#### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

#### Organisation statement:

2. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

#### Summary of Assessment of Standard 5:

The Assessment Team found that the service met all requirements under this Standard.

Consumer experience interviews show that

* A high proportion (94%) of consumers and representatives said consumers feel safe at the service most of the time or always. One representative advised their consumer does not feel safe and this is due to their mental health condition rather than any actual concerns about their safety.
* A high proportion (93%) of consumers and representatives said consumers feel at home in the service most of the time or always.

Consumers and representatives expressed satisfaction that;

* The service is well maintained
* They have access to a range of equipment and furnishings which suit consumers’ needs.
* They have access to quiet rooms if needed and are encouraged to use all areas of the service including outdoor courtyards and dedicated activity areas.

The service was observed to be welcoming, clean and well maintained. Individual rooms were decorated with consumer’s individual items according to their choice. The layout of the service enabled consumers to move freely, with suitable furniture and fittings. Consumers had ready access to outdoor areas with garden beds, seating and communal tables.

Staff described procedures for the purchase, service and maintenance of furnishings and equipment and also how environment related risks to consumers were identified and managed.

Management confirmed the service environment is reviewed regularly, including feedback from consumers and concerns or risks identified are communicated and discussed by management as needed. The service’s plan for continuous improvement and other records indicates management monitors the service’s performance in this standard.

#### Requirements:

##### Standard 5 Requirement 3(a) Met

The organisation demonstrates that the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.

##### Standard 5 Requirement 3(b) Met

The organisation demonstrates that the service environment:

(i) is safe, clean, well maintained and comfortable; and

(ii) enables consumers to move freely, both indoors and outdoors.

##### Standard 5 Requirement 3(c) Met

The organisation demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

### Standard 6: Feedback and complaints Not Met

#### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

#### Organisation statement:

2. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

#### Summary of Assessment of Standard 6:

The Assessment Team found that the service met two of the four requirements under this Standard.

Consumer experience interviews show that

* All consumers and representatives said when they raise things staff follow up most of the time or always.

The service could demonstrate that consumers know how to give feedback, make complaints and have access to advocates and external mechanisms.

Consumers and their representatives are encouraged and supported to provide feedback and make complaints. Consumer meetings occur and are a forum where consumers and representatives feel able to raise feedback or concerns. Consumer and representatives feel they are able to raise feedback or concerns with management.

The Assessment Team identified that some complaints are not responded to in a timely manner and/or with appropriate actions. Some complaints have not been resolved and in relation to complaints about noise at night, improvement actions are not ongoing.

Management did not demonstrate that feedback is reviewed and used to improve the quality of care and services. The service’s plan for continuous improvement and other records indicates management monitors the service’s performance in this standard. However, recent initiatives have not identified/addressed the issues identified by the Assessment Team.

#### Requirements:

##### Standard 6 Requirement 3(a) Met

The organisation demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

##### Standard 6 Requirement 3(b) Met

The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

##### Standard 6 Requirement 3(c) Not Met

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

##### Standard 6 Requirement 3(d) Not Met

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and services.

### Standard 7: Human resources Met

#### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

#### Organisation statement:

2. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

#### Summary of Assessment of Standard 7:

The Assessment Team found that the service met four of five requirements under this Standard.

Consumer experience interviews show that:

* All consumers and representatives randomly interviewed were satisfied they get the care they need most of the time or always.
* All consumers and representatives randomly interviewed were satisfied staff know what they are doing most of the time or always.
* All consumers and representatives said staff are always kind and caring.

Other consumers and/or their representatives interviewed said they were generally satisfied with number and mix of members of the workforce. There were reports of occasional delays in call bell response and reports of recent improvements in staffing.

The organisation provided evidence of various practices it has implemented to demonstrate how it meets the requirements of this standard. For example:

* There are processes to manage the allocation of staff and staff mix across each shift with registered nurses rostered on all shifts.
* There are arrangements to manage staff leave.
* New employees attend an orientation.
* Staff are informed of the organisation’s values through orientation.
* Staff have access to policies and role guidelines.
* The training program includes mandatory training, role specific training and optional training.
* The competence of staff in key roles is assessed, for example medications.
* There are processes to manage staff recruitment.
* The qualifications of members of the workforce such as registered nurses are monitored.
* A performance of permanent members of staff is monitored.

However, the organisation did not demonstrate that:

* The performance of all members of the workforce is assessed, monitored and reviewed.
* The service’s plan for continuous improvement and other records indicates management monitors the service’s performance in this standard and recent improvements have been implemented.

#### Requirements:

##### Standard 7 Requirement 3(a) Met

The organisation demonstrates that the workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.

##### Standard 7 Requirement 3(b) Met

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

##### Standard 7 Requirement 3(c) Met

The organisation demonstrates that the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

##### Standard 7 Requirement 3(d) Met

The organisation demonstrates that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

##### Standard 7 Requirement 3(e) Not Met

The organisation demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce.

### Standard 8: Organisational governance Not Met

#### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

#### Organisation statement:

2. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

#### Summary of Assessment of Standard 8:

The Assessment Team found that the service met three of the five requirements under this Standard.

Consumer experience interviews show that:

* All consumers and representatives randomly interviewed were satisfied that most of the time or always they get the care they need.
* All consumers and representatives randomly interviewed were satisfied staff follow up on things and that the service is well run.

Other consumers and/or their representatives interviewed reported satisfaction and recent improvements in meals, cleaning, staffing and communication.

The organisation provided evidence of various practices it has implemented to demonstrate how it meets the requirements of this standard. For example:

* There are processes to enable consumers and their representatives to provide feedback and make suggestions.
* Consumer satisfaction surveys are conducted.
* Feedback from regular meetings and reports are used to inform the organisation’s Advisory Board.
* The Advisory Board promotes a culture of safe, inclusive and quality care and services and has developed business plans and other documents to communicate its objectives.
* Organisation wide governance systems have been implemented.
* The organisation has developed risk management systems and practices.

However, the Assessment team identified that the following practices were not effective and the issues identified were not communicated to the Board to ensure accountability:

* Not all governance systems were effective. In relation to:
* information management; information in consumers’ care and service plans was not consistent with their current needs and/or preferences; not all incidents were reported and communicated to management.
* continuous improvement; issues identified during the site audit such as inconsistent assessment, care planning and care delivery, the identification of a deterioration or change in consumers’ health, the management of risk and the nonreporting of incidents and complaints were not identified by the organisation and improvement actions not initiated.
* regulatory requirements; the regulations in relation to compulsory reporting were not met for all incidents of assault or the unreasonable use of force.
* feedback and complaints; consumer dissatisfaction with aspects of care was not effectively identified. In relation to complaints about noise at night, improvement actions are not ongoing and there was no evidence that the issue was reported to the Board and no evidence of action by the Board.
* Risk management systems and practices were not effective. The Assessment team identified:
	+ Assessments, care plans and staff practice do not consistently align and the consideration of risk does not consistently result in safe and effective care.
	+ Changes in consumers’ condition and incidents do not consistently lead to review of care and services.
	+ The service did not demonstrate that it understands high-impact or high-prevalence risks associated with the care of each consumer.
	+ Changes of a consumer’s mental health, cognitive or physical function, capacity or condition is not recognised and responded to in a timely manner.

The service’s plan for continuous improvement and other records indicates management monitors the service’s performance in this standard. However, recent initiatives have not addressed the issues identified by the Assessment team.

#### Requirements:

##### Standard 8 Requirement 3(a) Met

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

##### Standard 8 Requirement 3(b) Met

The organisation demonstrates that the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

##### Standard 8 Requirement 3(c) Not Met

The organisation demonstrates that effective organisation wide governance systems relating to the following:

(i) information management

(ii) continuous improvement

(iii) financial governance

(iv) workforce governance, including the assignment of clear responsibilities and accountabilities

(v) regulatory compliance

(vi) feedback and complaints

##### Standard 8 Requirement 3(d) Not Met

The organisation demonstrates that effective risk management systems and practices, including but not limited to the following:

(i) managing high-impact or high-prevalence risks associated with the care of consumers

(ii) identifying and responding to abuse and neglect of consumers

(iii) supporting consumers to live the best life they can

##### Standard 8 Requirement 3(e) Met

The organisation demonstrates that where clinical care is provided - a clinical governance framework, including but not limited to the following:

(i) antimicrobial stewardship

(ii) minimising the use of restraint

(iii) open disclosure